Disaster Medical Care and Shelter

The Federal Program

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• The role of the physician in event of natural disaster or overwhelming (perhaps nuclear) attack by an enemy is:

To assist the layman in preparing to meet his own health needs in a disaster situation until organized health services can reach him.

To prepare and plan for the provision of organized medical care when conditions permit.

To extend his own capability to render medical care outside his normal specialty.

To assist in the training of allied and professional health workers and laymen for specific mobilization assignments in health services.

EARLY THIS YEAR, President Eisenhower met with California's Governor Brown and four other state governors who comprise the membership of the Special Committee on Civil Defense of the Governors' Conference. This meeting with the top officials of the Federal Government, held at the initiative of this committee of governors, devoted an entire day to consideration of the need for and the means of providing fallout shelter for the people of the United States. The Secretary of State, the chairman of the Joint Chiefs of Staff, the chairman of the Atomic Energy Commission, the director of the Central Intelligence Agency and other Cabinet officers and agency heads by their participation in this conference indicated the importance not only of shelter but of the entire Civil Defense effort to our national defense.

The Secretary of State put it succinctly: "Our relations with the Communist world since World War II have made clear beyond a doubt that our search for equitable solutions and for a meaningful peace must be predicated upon a strong defense posture of our own. We must assume that weakness on our part, or merely the supposition on the other side that we are neglecting our military defenses, serves neither the cause of freedom nor justice. . . . A vital part of our military strength for peace must be an effective Civil Defense program which, in conjunction with our retaliatory capacity, creates a strong deterrent to possible enemy attack upon the United States. If, despite our earnest efforts at the negotiating table and our defense preparations, we should nevertheless be subjected to nuclear attack, Civil Defense and measures for fallout protection offer the most practicable and feasible means of saving the greatest number of lives. . . . Numerous studies have shown that such a program would give a substantial portion of our population an excellent chance of surviving and hence provide us the opportunity to continue the fight successfully. A capacity to retaliate will [thus] be reinforced by an effective capacity to survive. And only thus can our defense posture serve as a convincing deterrent. . . . There is evidence that the U.S.S.R. is stepping up its civil defense program. Combined with a substantial program for air defense, it provides Soviet negotiators with a good deal of assurance that their homeland will be able to withstand attack. A similar assurance with respect to our own country would clearly strengthen our defensive position. . . .

"What I have said not only has serious implications for our own military and diplomatic posture; it applies to our NATO partners as well. We count on our NATO allies to remain firm in the face of any aggressive threats. An effective program of fallout protection will provide further support for their determination to do so. But if we expect them to take further measures to protect their own populations, we should not lag behind. . . . Any additional measures which we can take to minimize the fallout danger will reinforce our country's defense posture, and thereby, its political and negotiating strength."

I have quoted so extensively from Secretary Herter's remarks because he stated explicitly what our military and political leaders, and the President, know so well—Civil Defense is as vital to our national defense and the protection of our country and our institutions as is, for example, the deterrent capability of the Strategic Air Command.

There continues to be much discussing and deploring of the so-called "apathy" of the American people. Aside from the fact that what is called apathy is really ignorance, some people express a feeling of hopeless fatalism in the face of the enormous potential of nuclear destruction, and fall back on a psychological rejection of the whole melancholy business. A thoughtful friend of mine, in the course

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of a discussion the other day of some of the newer knowledge of radiation effects, said, "I think I don't want to be around when it happens." Who does! But we need to stress and stress again that the crucial urgency of Civil Defense preparedness is to insure that "it doesn't happen." Civil Defense is more than a desperate last ditch effort for survival; it is an opportunity for every community, every citizen, to take positive patriotic action to strengthen the defense of his home and his country.

And I can say that fallout shelter for the population of the country is the single measure that would have the greatest effect in saving lives of the survivors of a nuclear attack. This may come as a surprise to you physicians, but it is true.

No less an authority than Congress's Joint Committee on Atomic Energy, following its hearings last summer on the biological and environmental effects of nuclear war, reported: "Probably the most significant finding presented to the Subcommittee was that Civil Defense preparedness could reduce the fatalities of the assumed attack on the United States from approximately 25 per cent of the population to about 3 per cent."

Announced on May 7, 1958, the National Shelter Policy has met with reasonable public acceptance.

The Federal Government's role has included the following action elements:

1. *Education*, with emphasis on facts about fallout and steps which can be taken to minimize its effects;

2. *Survey* of existing shelter, on a sampling basis, to demonstrate the value of existing structures in providing fallout protection;

3. *Research*, to show how fallout shelters can be incorporated in existing, as well as new buildings;

4. *Prototype* design and construction—a program of both research and demonstration;

5. *Leadership* and example, by incorporating fallout shelters in appropriate new federal buildings; and

6. *Incorporation* of shelters in existing federal buildings (not yet funded).

The Federal Government is broadly pointing the way. Next year's budget includes $11.5 million for incorporation of fallout shelters in all new suitable civilian federal construction. The Federal Housing Administration and the Veterans Administration have revised their loan and loan insurance programs to include home shelters. The Public Health Service has made fallout shelter in hospitals eligible for grants under the Hill-Burton program.

In addition to the extensive work on design and techniques of providing shelter, both in the home and in large buildings and industry, the government is providing funds for the construction of prototype shelters. Under this program, one 50-person community shelter will be constructed in Los Angeles and another in the San Francisco Bay area, a 100-person community shelter at Martinez in Contra Costa County, and a family shelter at Santa Rosa. Also, a $200,000 Office of Civil Defense Mobilization (OCDM) shelter survey to determine and improve existing shelter potential will begin shortly in Los Angeles.

Home builders in various parts of the country, notably Denver, are constructing and selling homes with fallout protection built into, let us say, a recreation room. This increasing momentum, sparked by state action through the activities of the Governors' Conference which I have already mentioned, as well as by Federal Government action, is gratifying. Interpreting to the public the need for fallout shelter is a particularly appropriate role for you physicians, because of your natural place as community leaders.

But this is not your only role, even if shelter does have the greatest single life-saving potential. The saving of many lives and maintaining or restoring the health of the survivors of a nuclear attack will depend upon the advance preparation—organizing, training, practicing—that physicians and other members of the health community have made. There are good beginnings. Our national planning base has been firmly established with the promulgation by President Eisenhower in October, 1958, of the National Plan for Civil Defense and Defense Mobilization. The specialized annexes to the plan are nearing completion; the National Health Plan, Annex 18, has just been released. The American Medical Association's monumental report on National Emergency Medical Service, prepared under contract with OCDM, has been made available in quantity in condensed, highly usable form. The Public Health Service, under delegation from OCDM, is well under way with its program to develop plans, organization and training where Civil Defense readiness has to be developed—the individual community.

I should like therefore to describe the public Health Service program, as recently set forth by Dr. Carruth J. Wagner, Chief of its Division of Health Mobilization, at a meeting of the Committee on Disaster Medicine of the American Medical Association.

The immediacy and magnitude of the medical care and public health requirements are the basic problems created by any attack situation. Almost instantaneously, millions of casualties are in need of treatment. Not only is there a gross disparity between the available health resources—that is, manpower, supplies and facilities—and the medical patient load, but there is a corresponding disparity in all the supporting services, such as transportation, fire and rescue, communications, etc. Finally, the

radiological fallout in many areas will delay or prevent any organized medical activity for days or weeks. In short, we not only have inadequate numbers of physicians and amounts of supplies, equipment and facilities, but we lack the ability to relate even these limited resources to the patients in many cases because of fallout.

Our first role as physicians, then, is to make it possible for these patients to treat themselves—meet their own health needs—until local conditions permit us to treat them.

The American Medical Association recognized this problem and is collaborating in a self-help research project the Public Health Service is conducting under contract with OCDM. This will consist of a standardized procedures manual related to a standardized medical kit for use by the layman in self, family and neighbor care. In addition to general medical care, it will emphasize hygiene and sanitation, simple methods to be used in the treatment of shock, burns, fractures and hemorrhages, as well as simplified nursing techniques. All these necessary efforts have the purpose of preserving life until the physician can catch up with the patient load.

Once the methods to be used and the medical kit contents are agreed upon, the physician must take an active aggressive role in teaching the laymen to use them. We at the federal level can provide assistance to help the physician in this training responsibility. The Public Health Service can develop and provide training aids, it can support the assignment of personnel to the states and organizations within the limits of appropriations, and it can make its inactive reserve corps available for use at the local level.

The second role of the physician is to prepare for the activation of organized medical care as soon as radiation decays enough to permit personnel to work without too much risk. This role must be assumed now. The physician must actively participate and must provide the leadership necessary to the development of effective medical survival plans in every state and local community. A plan is worthless unless it is related to the resources available and the anticipated requirements for these resources. This means that every physician must have a mobilization assignment. He must know the command channel within the state and local community, and he must be fully prepared to accept his assigned role when the plan is activated.

The plan that he will put into effect must therefore be his plan. It won't be unless he actively participates in its development, revision and maintenance. He must contribute his expert knowledge and experience in determining how limited supplies and equipment are to be used; what treatment techniques are to be practiced in the management of such conditions as burns, fractures and radiation injury; how rescue and transportation of the injured are to be carried out; he must participate in the training and development of teams of laymen and allied professional health workers who will have specific mobilization assignments in his community; he must participate with the state and local Civil Defense directors in solving the administrative problems inherent in any Civil Defense plan; finally, he must extend his own capability to engage in medical care and preventive health activities outside his normal specialty and daily practice. Every physician must be prepared to perform emergency surgical procedures, give an anesthetic, set up an emergency water system, institute communicable disease control measures, advise as to vector control, emergency sanitation and sewage disposal, and all other aspects of personal and community health services.

The government is prepared to assist the physician with many of these responsibilities. Through the assignment of personnel to each regional office and ultimately to each state, the Public Health Service hopes to develop training programs for the physician and allied health worker which will provide them with the methods and training aids they will need to do the job in the local community. The Public Health Service expects to make maximum use of its inactive reserve corps by giving them mobilization assignments and training in the communities where they reside and carry on their normal activities.

I have discussed the significance of Civil Defense preparedness and specifically fallout shelter to our national defense, and the responsibility of physicians as leaders in their communities to prepare themselves, their colleagues in the allied professions and the lay public to meet the survival health needs of themselves and their neighbors.

I want now in closing to urge you to join with us in carrying forward the program for personal survival which we are trying to impress on every American through every medium. The safety of Americans would depend entirely on these five fundamentals—which every citizen should know and take action on:

1. Warning signals and what they mean.
2. Your community plan for emergency action.
3. Protection from radioactive fallout.
4. First aid and home emergency preparedness.
5. Use of Conelrad—640 or 1240 on your radio —for official directions.

If we will assume our leadership responsibility as citizens and as physicians, we will do our part to keep the nation strong and to maintain the peace.

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